



Practitioner's Docket No. 408204

PATENT

IN THE UNITED STATES PATENT OFFICE

In re application of: Efren M. Lacap

Application No.: 10/648,586

Group No.: Unknown

Filed: 26 August 2003

Examiner: Unknown

For: WAFER-LEVEL CHIP SCALE PACKAGING

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

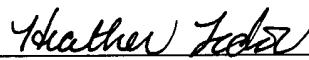
CERTIFICATE OF MAILING

Date of Deposit: 9 September 2003

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1. Transmittal Form SB-21(1 page);
2. Power of Attorney (1 page);
3. Assignee's Statement under 3.73(b) (1 page);
4. Copy of the Assignment filed 26 August 2003 (1 page);
5. Certificate of Mailing (1 page), and
6. Return Postcard (1)

are being deposited with the United States Postal Service as First Class Mail under 37 CFR 1.8, on the date indicated above, in an envelope with sufficient postage addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Heather Fedor



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/648,586	
	Filing Date	26 August 2003	
	First Named Inventor	Efren M. Lacap	
	Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	5	Attorney Docket Number	408204

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 3.73(b); Copy of Assignment filed 8/26/03; Certificate of Mailing, and Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Curtis A. Vock
Signature	
Date	9/9/03

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Typed or printed name	Heather Fedor		
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